

**DBHDS Crisis Prevention and Stabilization Bed Capacity  
Children's Crisis Services Proposal  
October 19, 2016**

**Summary:**

Through the Governor's budget, DBHDS requested and received funding to expand child and adult crisis services for FY 17 and FY 18. To determine how to best utilize the appropriated funds to expand evidence informed services, DBHDS reviewed FY 2015 admissions at the state mental health hospitals and analyzed the ongoing data collected from the adult and child REACH programs. A review of the retrospective psychiatric hospital admissions data and the REACH data validated the need for a tiered approach to crisis prevention and stabilization beds. Specifically, given the age range from three to seventeen, children accessing crisis services require a combination of supports to ensure the varied needs of this population are met.

**Proposal:**

**Crisis Prevention Respite**

This service will be available to children through age seventeen with developmental disabilities throughout the state, to prevent an initial crisis or to prevent the reoccurrence of a crisis. This service is currently being initiated via a request for proposal. It should be noted that some of the regional children's programs do provide some limited funding for crisis related respite. DBHDS has allocated \$500,000 for this purpose and anticipates that within a year, approximately 250 respite stays with an average length of stay for 5 days will result.

**Therapeutic Foster Care (Professional)**

The retrospective review of psychiatric hospital admissions and REACH data identified that several young children accessed crisis services either through REACH or the Commonwealth Center for Children and Adolescents, the state-operated psychiatric hospital for children. There are also a number of children who have trauma histories where a more stimulating environment would be contraindicated given the nature of their trauma. The Therapeutic Foster Care service model would provide extensive supports to foster parents by professionals which would allow children in crisis to be stabilized in a host home. Professional staff, who have been trained and have experiences working with children with behavioral support needs, would be a required component of the model. Additionally, the child REACH programs would concurrently work with the "foster home" and the child's family to transition the child back to the family home. Transitional services to the family would be provided before and after transition to ensure appropriate supports through this time of change and may include long term involvement with the mobile support teams.

**Crisis Therapeutic Home**

Funds have been allocated to develop two crisis therapeutic homes. One would be located in the Northern part of the state and would serve the developmental disability regions of Region I and Region II (Northern and Western Developmental Services Regions). The second home would be located in the southern part of the state and would serve the developmental disability regions of Region III, IV, and V (Southwest, Southern and Eastern Developmental Services Regions). These homes would primarily be for adolescents; however, there would not be criteria that restricted admission based on age. The Regional REACH programs and DBHDS' goal is to support younger children in a home setting model

through the Therapeutic Foster Care (Professional) program but recognizes that all reviews would be individualized based on support needs and availability of services. An RFP for this program is under development and is anticipated to be released by December 1, 2016.

**Conclusion:**

DBHDS anticipates that with the addition of Crisis Prevention Respite for children across the Commonwealth, the system of care and supports available to families who do not have access to respite services will be strengthened. Additionally, the out of home stabilization services afforded through the Therapeutic Foster Care (Professional) and Crisis Therapeutic Home should round out supports available for children in crisis. Through the this tiered approach, more families and individuals should be able to access services at an earlier age in order to address the needs of children who are or are at risk because of ongoing crises due to their behavioral challenges.